Editorials and Association Notes

The Manitoba Medical Review

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On Reading Medical Books and Journals

A catalogue of new books acquired by the medical library in 1940 and 1941 is published in this issue. A previous list was published in the December, 1939, number of the *Review*.

The library committee is anxious for Winnipeg and out-of-town physicians to make more use of the library facilities. The library is supported by the University of Manitoba Faculty of Medicine, the College of Physicians and Surgeons, and the Winnipeg Medical Society. Any Manitoba doctor can borrow books and journals free of charge. The library will pay postage on parcels sent to non-Winnipeg physicians. The borrower pays only the return postage.

On reading a library book a list should be made of page-numbers on which useful information is found. After reading the book the list of page numbers can be gone through, and a summary of the useful points written. This method is economcal, space-saving, and convenient for reference —as compared with purchase of the book.

The most practical way to read a journal is to look through the index of articles and turn to topics which seem to be of value, reading the summary at the end of the article first. If this confirms the original favorable impression, the whole article may be read. The topics of editorial comment should be scanned, and then the abstracts.

It is almost a waste of time to read a good article unless a short summary of the important points is written down and the reference noted. Otherwise the impression rapidly fades and if the title is forgotten the reference may not be found even after working through the Quarterly Cumulative Index.

The simplest method of keeping references is to write abstracts of articles and summaries of books in a large note-book or on numbered sheets of good paper of a standard size. A separate loose-leaf index book will then co-ordinate the hoarded information under subjects alphabetically listed.

In looking up a particular subject recent editions of text-books should first be consulted, then the Medical Annual and the American Year-Book series, and finally the biennial volumes of the Quarterly Cumulative Index, starting with the most recent volumes and working back to 1925. For older references the catalogue of the Surgeon-General's Library should be used. This work completed its third series in 1932. The first series includes medical books and articles published before 1895, and the second series those published between 1895 and 1916.

OBITUARIES

Dr. Louis Joseph Loughlin

Dr. Louis Joseph Loughlin of Carberry, Man., died in Grace Hospital, Winnipeg, October 31st, aged 39 years.

Born in Carroll, Man., he was educated in Winnipeg schools, and graduated in medicine in 1927 from the University of Manitoba. He practised for the last twelve years in Carberry. His wife died nine years ago. Burial took place at Viking, Alta., where his two children lived with their uncle, Clem Loughlin, former coach of the Chicago Blackhawks hockey team.

Dr. James Stanley Gardner

Dr. James Stanley Gardner, age 44, died at his residence in Norwood on November 25th after a week's illness. He was born in London, England, came to Winnipeg seventeen years ago, and graduated in medicine from Manitoba Medical College in 1923. He practised in Winnipeg and St. Boniface from the time of his graduation and was active in Masonic circles, Sons of England, and the Winnipeg Canoe Club. He is survived by his widow and his parents.

BOOKS WANTED FOR THE TROOPS

Books-fiction and readable non-fiction, and magazines will be received with pleasure by the Library Committee of M.D. 10. Telephone 840 214.

Winnipeg Medical Society

Hossack, J. C. — *President.*
Stewart, C. B. — *Vice-President.*
Wheeler, Digby — *Past President.*
McGuinness, F. G. — *Past President.*
Cameron, H. F. — *Secretary.*
Swartz, David — *Treasurer.*
Deacon, A. E. — *Trustee.*
Johnson, Eyjolfur — *Trustee.*
Leishman, A. — *Trustee.*

MEETINGS

Third Friday each month.

Next Meeting — December 19th.

Note — Meetings start exactly at 8.15 p.m.

NOTICE BOARD

Once upon a time—during the reign of Richard, the Lionheart—there dwelt in the town of Salerno in Italy a lady by the name of Trotula. Trotula was an unusual person for her time. She was a surgeon, a writer of text books and also a lecturer in the local and famous University. Times have changed. What was, seven hundred years ago, a rarity, is now almost commonplace. There are some score of local Trotulas practicing as our colleagues. At the November meeting two of them showed how excellent can be their discourse and how well qualified they are to share the responsibilities of men in the matters medical.

* * *

It was originally planned to have the ladies speak at the December meeting, but in order to give Doctor Elinor Black's paper the position it deserved, the Oestrogen programme was postponed until December. Here is the December programme as it stands now:

1. "The use of the Oestrogens in Obstetrics and Gynæcology." — Doctor Brian Best.
2. "Androgen Therapy." — Doctor Lennox Bell.
3. "Sex Hormones and Related Active Products Commercially Available and Their Actions." — Doctor A. T. Cameron.

* * *

The response to the request for instruments to equip the British Hospitals has been disappointing. The donations so far have been small and few. If every doctor in Manitoba would contribute even two instruments, the total would be worth while. Surely we can do that.

* * *

Doctor C. B. Stewart has the job of looking after the boys Overseas. Already, we have seen to it that every one will have a reminder from us for Christmas. We would like to see a steady stream of things they need going Overseas regularly. This is beyond our own means, but by invoking the aid of the Manitoba Medical Association, we should be able to establish a fund large enough to meet the needs. It is bad enough to be an expatriate but worse to be a forgotten expatriate.

Sometimes doctors unwittingly lay themselves open to criticism and embarrassment by failing to get the sanction of the Society before they address lay audiences on medical topics. The rule is not a local one. It is incorporated in the Code of Ethics of the Canadian Medical Association. There is no desire to interfere either with the speaker or with those who wish to hear him. The medical lecturer however, speaks not as an individual but as a member of his profession. The speaker's realization of that fact causes him to appreciate more fully his responsibility to his calling and to his colleagues. Furthermore the authority by which he speaks silences criticism which often is quite unmerited.

* * *

"Tis opportune" wrote Sir Thomas Browne "to look back upon old times and contemplate our forefathers." This retrospection and contemplation has entered upon a renaissance of late. In many medical schools there are chairs of Medical History. All over the continent groups, small and large, meet to discuss the lives and doings of those who sowed where we now reap. Such a group has existed here for eleven years. We began as a Club but two years ago became the Medical History Section. Every member of the Society is free to attend the meetings and every one is welcome to do so. The meeting begins at 7.15 and is preceded at 6.30 by a dinner in the Medical Arts Club Rooms. The last meeting was on Friday, November 28th. The speakers were Captain Noel Rawson, on "Sir Charles Bell," and Professor A. T. Cameron on "Foenugreek."

* * *

This is December. In a few days Good King Wenceslas will emerge from his fifty weeks' retirement. For fourteen days, more or less, every radio, every day, will blare forth his virtues; and then ghost like, Good King Wenceslas will sink again into his familiar and accustomed oblivion, taking his virtues with him. What used to be a season has dwindled to a day. But let us hope that, just as a large codfish can now be squeezed into a tiny capsule, so may much happiness concentrate itself into a single day. At the moment we are a little ahead of time, but that does not alter the sincerity of the wish of your Executive — "A MERRY CHRISTMAS TO YOU ALL!" and when it comes, "A HAPPY NEW YEAR."

Personal Notes and Social News

Conducted by Gerda Fremming, M.D.

Drs. Oliver Waugh, W. A. Gardner and Elmer James attended the recent convention of the American College of Surgeons held at Boston, Mass.

♡ ♡ ♡

Major G. H. Ryan, recently returned from overseas has been posted to Hamilton Military Hospital in charge of surgery.

♡ ♡ ♡

Dr. Hugh Malcolmson has left for Norfolk, via New York where he will be the guest of Dr. and Mrs. John Dewsberry.

♡ ♡ ♡

Dr. L. P. Gendreau has been elected president of the Selkirk Red Cross for the season 1941-42.

♡ ♡ ♡

Dr. James Edward Musgrove, Fellow in Surgery in the Mayo Foundation, Rochester, Minn., son of Dr. and Mrs. W. W. Musgrove of Winnipeg is to be married to Marion McLellan, daughter of Mr. and Mrs. E. J. Smith on December 6th at St. Luke's church.

♡ ♡ ♡

Dr. C. C. Simpson, formerly of Portage la Prairie, Man., has moved to Windsor, Ont.

♡ ♡ ♡

Dr. W. J. Sharman, formerly of Toronto, is now located at Angusville, Man.

♡ ♡ ♡

Drs. E. G. S. and K. A. Peacock, formerly of Grandview, Man., are now located at Dauphin, Man.

♡ ♡ ♡

Dr. J. H. Mather, formerly of Antler, Sask., is now on the staff at the Cordite plant.

♡ ♡ ♡

Dr. S. W. Baker, formerly of Whitewood, Sask., is now located in Winnipeg.

♡ ♡ ♡

Dr. N. J. Minish, formerly of Ninette, Man., has been appointed to the San. at Edmonton, Alta.

♡ ♡ ♡

Dr. S. M. Scott of Nipawin, Sask., is on the staff of the Cordite plant.

♡ ♡ ♡

Dr. W. A. Black, formerly of Brock, Sask., has joined the McNulty Clinic in Winnipeg.

♡ ♡ ♡

Dr. R. B. Anderson is practicing at Corning, Sask.

Dr. Glen F. Hamilton, 13th Field Battery, R.C.A., arrived in England recently. On his embarkation leave he visited Dr. C. H. A. Walton at No. 5 Base Hospital. Mrs. Hamilton and son, John Glen, accompanied Dr. Hamilton as far as Truro, N.S.

♡ ♡ ♡

Dr. L. A. E. Smith is now located at Souris, Man.

♡ ♡ ♡

Dr. N. Hjalmarsson, formerly of Lundar, Man., is now practicing at Pilot Mound, Man.

♡ ♡ ♡

Dr. M. E. Kahanovitch, late of Victoria Hospital, is now located at Elgin, Man.

♡ ♡ ♡

Dr. J. A. Porter of Sherridon, Man., is now at Deer Lodge Hospital.

♡ ♡ ♡

Dr. J. Onhauser of Winnipeg has gone to Burwash, Ont., to be resident physician at the Burwash Industrial Farm.

♡ ♡ ♡

Dr. F. Sedziak has moved to Cartwright, Man.

♡ ♡ ♡

Dr. Helen Marlatt (Mrs. Kenneth Wildman) wishes in future to be known as Dr. Wildman.

♡ ♡ ♡

Dr. G. J. Creasy, formerly of Newdale, Man., is now practicing at Grandview, Man.

♡ ♡ ♡

Dr. R. G. Green has taken over the practice of Dr. Jas. Onhauser who has left Winnipeg to reside in the East.

♡ ♡ ♡

Dr. W. H. Ormond is now located at Salmo, B.C.

♡ ♡ ♡

Dr. C. R. Scrivner, formerly of Oak Lake, Man., has taken up practice at Antler, Sask.

♡ ♡ ♡

Dr. Walter Leslie, formerly of Deer Lodge Hospital, has enlisted with the C.A.M.C. and at present is in Ottawa.

♡ ♡ ♡

The *Review* is always glad to receive items of a personal or social nature for this page; however, as the *Review* goes to press a week in advance of publication date, contributions must be in by the 20th of the month preceding date of issue.

Department of Health and Public Welfare

"An Effectual City Milk Control Programme"

We are publishing herewith the fifth of the essays prepared by the medical students before taking the final examination in Preventive Medicine at the Faculty of Medicine of the University of Manitoba last year. The one for this month is written by Dr. R. D. Wright, on the subject "An Effectual City Milk Control Programme," and reads as follows:

"1. Introduction:
Necessity of Milk Control Programme.

"2. Aspects of Programme:

1. Production — (1) Animals' Health
(2) Stable
(3) Milkers' Health
(4) Utensils
(5) Storage on farm.

2. Distribution—(1) Transportation from farm to city
(2) Inspection of milk
(3) Pastuerization—
(a) Cooling
(b) Bottling
(c) Storage
(d) Sanitary condition of plant and attendants.

3. Delivery:

4. Householders' Responsibilities.

"3. Classification of Milk Supply and its relative value.

"Milk is a splendid natural food forming a basic essential of the modern diet and adding much to the health and well-being of the citizens, if it is properly controlled. Sir William Osler once said 'Milk is blood in another form.' Milk and blood are excellent media for bacterial growth and just as a transfusion of infected blood may spread disease to the recipient, so may contaminated and infected milk spread disease to the consumer.

"The principal diseases which may be transmitted by milk are diphtheria, dysentery, 'milk sickness,' scarlet fever, streptococcus sore throat, tuberculosis, especially bovine, typhoid fever and paratyphoid fever, undulant fever. Milk has been indicted as one of the routes through which poliomyelitis might spread, though probably it is an unusual one. Foot and mouth disease of cattle, seen only rarely in man, may be spread through milk.

"The parts played by the cow, by milk, by human agencies vary in different diseases, and the product becomes a problem in sanitation. The importance of the problem may be gathered from consumption records. The Canadian standard recommends two quarts a day, or 28 quarts every two weeks for a family of five — Thus, if there were no control, it would be selling disease at 12c for so many billion bacteria.

"Control is essential, for a layman's examination of milk is confined to his taste and sight. If the milk has a good cream line and tastes good, especially rich and creamy, it is a good milk for him and his children. Such an examination is useless and dangerous.

"An adequate and effectual milk control programme must deal methodically with every step from production to consumption of milk.

"Production of milk involves many factors which must be considered carefully. It is most essential for a good milk supply, that animals should be perfectly healthy and free from tuberculosis as indicated by the tuberculin test. Even then, it is not safe to use milk raw because animals, like humans, can be carriers of the germ and have no evidence whatever of the disease, as with mastitis and contagious abortion. In order to keep cows healthy, the stables should be clean, well ventilated and above all, there should be admitted ample sunlight. Walls should have smooth finish and be limewashed spring and fall. The floors should be of good concrete and a suitable gutter, with adequate drainage, should be provided at the rear of the stall. Cattle respond to good healthy stables and surroundings, just as people do to good housing conditions.

"The milker must be healthy and also must not be a carrier of any disease. It is a very large order to attempt to guarantee that all milkers of a city's milk supply will be satisfactory in this respect when, if we consider 300-500 dairies supplying the milk, there must be a similar number of families involved in the handling of it. Nevertheless, a physical examination should be done at least every six months. Persons, producing and handling milk on farms, may spread by infecting the milk the following diseases:—

1. Human tuberculosis
2. Typhoid fever
3. Scarlet fever
4. Septic sore throat
5. Diphtheria
6. Milk poisoning.

"The milker may not only contaminate the milk directly but also the utensils. The milker should wash his hands with soap and warm water before milking and put on a clean apron. The milk pails should have a small top to prevent the dust from getting in as much as possible. The pails and cans should not only be washed clean but should be sterilized with boiling water and aired in the sun.

"The cows should be clipped; the udders, teats and flanks washed with warm water and soap, and the milker should milk with a dry hand or use a little vaseline.

"The storage of milk on a farm should be in ice water in a tank, so that the temperature at all times will be less than 50 degrees Fahrenheit. An ice well may be easily and cheaply constructed on a well drained, elevated spot, so that milk and other food may be kept ice cold.

"The transportation problem of milk from the farm to the city is best and most quickly done by covered automobiles. The cans of milk should be covered with damp blankets or jackets made for that purpose. Transportation by train is good, but the cans are liable to be left standing on station platforms with no protection from the heat of the sun.

"Inspection of milk to insure safety must include Physical, Chemical and Bacterial Examinations.

"Physical Examination considers:—

1. Color
2. Cream line
3. Temperature
4. Sediment
5. Keeping qualities of milk.

"Chemical Examination must include:—

1. Specific gravity (1027-1035)
2. Acidity (fresh milk neutral)
3. Total solids (12%)
4. Butterfat content (3.5%)
5. Reduction Methylene blue test
6. Adulteration of milk.

"Bacteriological Examination:
"Bacterial count less than 100,000
"Bacterial per cubic centimeter.

"If the farmer or producer persists, after being warned, in shipping milk below this standard, he is removed from the list of shippers and his milk is sent to the butter room for separation and churning.

"When milk is received in a milk depot in the city, it is examined for sediment and acidity and then weighed and put into a vat, then run through a mechanical filter into the pastuerization vat, which is equipped with a thermal recorder. There is no mystery about the process. We cook other foods of animal origin — why not milk? The temperature is raised to 145 degrees Fahrenheit and held there for half an hour and then passed over a cooler which reduces the temperature at once to less than 50 degrees. It is then bottled and capped mechanically and run into the cold storage and kept at a temperature of less than 50 degrees until it is delivered. All the foregoing procedure must be done under approved sanitary, dust-free conditions, regularly inspected. All attendants must be examined at regular intervals to see that they are free of infection. The milk must be sold to the consumer in the original previously clean sterilized bottle.

"Delivery of milk to the consumer is important; on hot summer days this should be done in bottles packed in ice or other refrigeration as quickly as possible; while in the winter, the delivery rig should be provided with some heat to keep the milk from freezing. Samples of delivered milk should be taken at random by an inspector and examined to keep up to standard of bacterial count and test for butterfat percentage; also during the hot weather, temperatures of milk and cream are taken.

"When the milk has been delivered, the householder must assume responsibility. Instruction should be given to see that it is taken into the house as soon as it is delivered and put into a refrigerator. Milk should not be left in the sun for cats and dogs to lick the tops of the bottles. Milk should not be poured in another vessel until it is required for use. It should be left in the bottle and kept capped from dust and contamination in a cool place — less than 50 degrees Fahrenheit. It should not be stored with other foods that will taint it and give it a bad odor and taste.

"Municipal milk supply may be divided into:

1. Raw milk — Certified milk
2. Processed milk — (a) Pasteurized
   (b) Sterilized or evaporated milk.

"Raw 'certified' milk is that type produced under ideal conditions from herds supervised by Veterinarians and, at the same time, the producer and his family were under the direct control and certification of a board which was composed of one or more prominent physicians, a Laboratory expert and some prominent, interested, public-spirited citizen. This milk failed to satisfy public requirements because firstly, it was too expensive for ordinary use, and secondly, it did not always protect against disease being spread to the consumer. Milk borne epidemics of septic sore throat and sometimes other infections appeared among consumers of certified milk.

"The emphasis for protection of milk supply has gradually been placed on processing clean milk so as to destroy infection rather than trying to keep infection out of raw milk by inspection. Thus evolved the Processed Milk of both types, Pasteurized and Evaporated or Canned Milk. Adequate present day health education will tend to make the consumers more 'Milk Conscious' and more exacting about the milk they are using. They will consider milk from the standpoint of its attractiveness, safety, wholesomeness and digestibility, especially when faced with the problem of infant feeding.

"An efficient Milk Control Programme is the end result of educated, careful, cooperative organization of sanitation paying as dividends fewer epidemics, more health per capita and a more flourishing community."

COMMUNICABLE DISEASE REPORT

September 7th — October 10th

Anterior Poliomyelitis: Total 126—Winnipeg 11, Unorganized 8, Argyle 6, Lorne 4, Stanley 4, St. Clements 4, St. James 4, Brandon 3, Birtle Rural 2, Birtle Town 2, Grey 2, McCreary 2, Rockwood 2, Strathcona 2, St. Vital 2, Victoria 2, Woodlands 2, Beausejour 1, Cartier 1, Elton 1, Kildonan East 1, Kildonan North 1, Lansdowne 1, Macdonald 1, Montcalm 1, Portage Rural 1, Portage City 1, Saskatchewan 1, Stonewall Town 1, St. Boniface 1, Ste. Rose Rural 1, Transcona 1, Westbourne 1, Whitemouth 1 (Late Reported: St. James 6, Transcona 5, Kildonan East 4, Unorganized 4, St. Boniface 4, Tache 3, De Salaberry 2, St. Vital 2, Assiniboia 1, Hanover 1, Lac du Bonnet 1, Ritchot 1, Victoria 1, Brooklands 1, Charleswood 1, Gimli Rural 1, Gimli Village 1, Kildonan Old 1, Killarney Town 1, Roblin Village 1, Rockwood 1, St. Paul East 1, Strathcona 1, Swan River Rural 1, Whitehead 1).

Chickenpox: Total 72—Winnipeg 21, St. Vital 21, Portage City 10, Flin Flon 7, Brandon 2, Tuxedo 2, Argyle 1, Coldwell 1, Dauphin Town 1, Eriksdale 1, Portage Rural 1, Rockwood 1, Saskatchewan 1, Transcona 1, St. Francois Xavier 1.

Mumps: Total 51—Winnipeg 15, Tuxedo 9, St. James 8, The Pas 7, Flin Flon 3, Cameron 2, Dauphin Rural 2, Transcona 2, Brandon 1, Springfield 1, Unorganized 1.

Scarlet Fever: Total 49—Winnipeg 20, Flin Flon 14, Brandon 9, Swan River Rural 4, Rosser 1, Swan River Town 1.

Encephalitis: Total 43—Winnipeg 7, Brandon 1, Cornwallis 1, Elton 1, Grandview Town 1, Kildonan North 1, Kildonan West 1, Lorne 1, Macdonald 1, Pembina 1, Rockwood 1, St. Boniface 1, St. James 1, St. Vital 1 (Late Reported: Killarney Town 3, Beausejour 2, Bifrost 1, Franklin 1, Glenwood 1, Hanover 1, Kildonan East 1, Morden Town 1, Portage City 1, Rhineland 1, Brenda 1, Hamiota Rural 1, Lorne 1, Roblin Rural 1, Ste. Anne 1, St. Boniface 1, St. James 1, Transcona 1, Woodworth 1, Westbourne 1).

Tuberculosis: Total 20—Winnipeg 20.

Measles: Total 16—Winnipeg 4, Argyle 2, Cartier 2, Brandon 1, Flin Flon 1, Lansdowne 1, Unorganized 1 (Late Reported: St. Boniface 1, Ethelbert 3).

Diphtheria: Total 13—Winnipeg 8, Unorganized 2, Kildonan West 1 (Late Reported: St. Clements 1, Unorganized 1).

Lobar Pneumonia: Total 11—Cameron 1, St. James 1, Whitewater 1 (Late Reported: Unorganized 3, Kildonan North 2, Ste. Anne 1, St. Clements 1, Whitehead 1).

Influenza: Total 9—Cameron 2, Oak Lake Town 1, Whitewater 1 (Late Reported: St. Boniface 2, Brandon 1, Tache 1, Thompson 1).

Whooping Cough: Total 7—Winnipeg 2 (Late Reported: Brandon 3, Flin Flon 1, Woodlands 1).

Typhoid Fever: Total 5—De Salaberry 4 (Late Reported: Cornwallis 1).

Erysipelas: Total 3—Winnipeg 2, Cornwallis 1.

Septic Sore Throat: Total 3—Unorganized 2 (Late Reported: St. Andrews 1).

Meningococcal Meningitis: Total 2—Daly 1 (Late Reported: St. Vital 1).

German Measles: Total 2—Dufferin 1, Hamiota Village 1.

Para-Typhoid Fever: Total 1—Winnipeg 1.

Diphtheria Carriers: Total 1—Winnipeg 1.

Venereal Disease: Total 147—Gonorrhoea 101, Syphilis 46.

DEATHS FROM COMMUNICABLE DISEASE

September, 1941

URBAN—Cancer 46, Pneumonia Lobar 2, Pneumonia (other forms) 13, Lethargic Encephalitis 5, Tuberculosis 7, Syphilis 5, Poliomyelitis 2, Cerebro-spinal Meningitis 1, Influenza 1, other deaths under one year 15, other deaths over one year 156, Stillbirths 21. Total 278.

RURAL—Cancer 29, Tuberculosis 12, Pneumonia Lobar 1, Pneumonia (other forms) 5, Influenza 4, Lethargic Encephalitis 4, Dysentry 2, Syphilis 2, other deaths under one year 28, other deaths over one year 167, Stillbirths 16. Total 270.

INDIANS—Tuberculosis 5, Dysentry 1, other deaths under one year 10, other deaths over one year 5, Stillbirths 1. Total 22.

DISEASES	Manitoba Oct. 8-Nov. 4	Ontario Oct. 6-Nov. 1	Saskatchewan Oct. 6-Nov. 1	Minnesota Oct. 7-Nov. 1	North Dakota Oct. 7-Nov. 1
Anterior Poliomyelitis	21	16	1	50	5
Meningococcal Meningitis	5	17	1	1	
Chickenpox	179	802	145	282	
Diphtheria	17	16	30	15	8
Erysipelas	7	4	1	3	
Influenza	3	13	10	6	8
Leth. Encephalitis	2	1	5	6	12
Measles	16	209	20	23	153
German Measles	3	38	36		
Mumps	109	283	72		
Scarlet Fever	54	611	24	154	44
Septic Sore Throat	2	37			
Smallpox			1		1
Tuberculosis	46	190	19	147	57
Typhoid Fever	2	15	15	2	3
Typh. Para-Typhoid		2	6		
Undulant Fever		3			
Whooping Cough	3	454	26	248	39

Report from Saskatchewan received for only three week period — October 6th - 25th, 1941.

A few cases of Poliomyelitis are still being reported in Manitoba and Minnesota. Ontario also has 16 cases. The epidemic has pretty well died out.

Encephalitis, excepting for North Dakota, has very few cases reported.

Smallpox — one case in Saskatchewan and one in North Dakota.

Diphtheria, mumps and scarlet fever show a slight increase in Manitoba.

TYPHOID FEVER CARRIER:

We are informed by Dr. J. J. Heagerty, Director of Public Health Services, Department of Pensions and National Health at Ottawa, that a "Mrs. Edna Francis, chronic typhoid carrier of Elmont, New York State, has moved to Canada without notifying the Health Department at Albany, and without leaving a forwarding address."

If anyone meets up with this lady, kindly notify the Department of Health of the Province or State in which she is now resident, giving her present address. When one remembers Typhoid Mary, one realizes the danger of a carrier being at large without supervision.

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CATALOGUE OF A MEDICAL LIBRARY:

Assistant Wanted for Pine Falls Hospital

Assistant wanted (industrial medicine and surgery). Modern hospital where all obstetrics and 95% of other work is done. No professional expenses and a permanent position for the right man. State particulars and salary expected.—E. D. R. Bissett, M.D., Pine Falls, Man.

Medical Doctor Wanted

Wanted! A Medical Doctor to locate at Wawanesa, Man. Good district. Includes Wawanesa, Nesbitt, Rounthwaite and Treesbank villages as well as portions of Oakland and South Cypress Rural Municipalities. For further information apply to H. E. Mitchell, Secretary-Treasurer.

Canada Year Book 1941

The Dominion Bureau of Statistics announce the publication of the 1941 Canada Year Book. It can be obtained at the nominal price of $1.50 by writing to the King's Printer, Ottawa.

In addition to the usual historical and statistical information as to Canada's resources, industry, trade, finance, education and transportation the new edition contains articles on the effects of the war on agriculture, construction and finance.